

Work Order ID 86986

Friday, July 06, 2012 1:03:43 PM

\*86986\*

Page 1

Item ID: D412-664-203

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Crosstube Aft

Start Date: 7/6/2012 Start Qty: 1.00

\*1\*

Cust Item ID:

Required Date: 7/18/2012 Req'd Qty: 1.00

\*1\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

12-07-6

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D412-664-243	E/DEO								
100		0.00							
*100*	DOCUMENT CONTROL								
DC	Memo	0.00							
Document Control	Photocopy bluefile and create labels as per PPP D412-664-203 CHG 008								
110		0.00							
*110*	Packaging								
Packaging	Memo	0.00							
Packaging									
120		0.00							
*120*	BENDING MACHINE - CROSSTUBES								
CNC Bend 2	Memo	0.00							
CNC Alpha 160 Bender	Bend tube as per Dwg D412-664-243 using CNC bender program 412-aft and Folio FT010								

DAS 15

★ SEE ATTACHED W/D CHG

MCS 12/08/24

Rm 12-7-24

Pho

12-7-24

W/O: 86986

## WORK ORDER CHANGES

DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: 12412-164-203 PAR #: \_\_\_\_\_ Fault Category: x-tube NCR: Yes No DQA: Not Date: 12/08/30  
 Resolution: \_\_\_\_\_ Disposition: use as is QA: N/C Closed Date: 12/8/31

NCR: <u>12-1766</u>		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			
12.7.26	120	CRUSHING AFTER BENDING IS OVER TOLERANCE. RC: BENDING &	<u>Dg.</u> <u>12.7.26</u>	Acceptable per attached S.R.	<u>Dg.</u> <u>12.7.26</u>	<u>DAS</u> <u>16</u> <u>17/6/30</u>		<u>DAS</u> <u>16</u> <u>17/6/30</u>

NOTE: Date &amp; initial all entries

# Work Order ID 86986

**\*86986\***

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Revision ID:

Stop

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Item Name: Crosstube Aft

Start Date: 7/6/2012 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 7/18/2012 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Run Start

**\*NR1\***

Approvals:

Process Plan:

Date:

Tooling:

Date:

Stop

**\*NR2\***

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

QC15- Crosstube Dimensional Check

0.00

**\*130\***

QC

Memo

0.00

Quality Control

140

0.00

**\*140\***

Crosstubes

Crosstubes

Memo

0.00

Crosstubes

1-Drill pilot holes in tube as per Dwg D412-664-243 using drill Jig DT8550 & DT8551 and drill table DT8577 using #9 holes as per QSI 10 to install towers.

2-Ream hole to finish size in tube as per Dwg D412-664-243 using drill Jig DT8550 & DT8551. Check dimensions between holes, both sides on both cuffs, to ensure alignment with saddle holes.

3-SCRIBE PART # & BATCH #

4- \*\*\* WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE\*\*\* Deburr & Inspect for surface damage. Repair damage within limits as per Dwg D412-664-243



7/09/22

Rm/Mo

12-7-26

Rm

12-7-30

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

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\*86986\*

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Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Crosstube Aft

Start Date: 7/6/2012 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 7/18/2012 Req'd Qty: 1.00 \*1\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

160

QC5- Inspect part completeness to step on W/O

0.00

\*160\*

QC

Memo

0.00

Quality Control

\*\*\* WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE \*\*\*

170

0.00

\*170\*

HandFXtube

Memo

0.00

Hand Finishing Crosstubes

\*\*\* WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE \*\*\*

1- CLEAN CROSSTUBE WITH WASH'N WIPE

180

Outsource process - NDT per QSI038 4.1

0.00

\*180\*

Outsource2

Memo

0.00

Outsource process - NDT

\*\*\* WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE \*\*\*

Liquid Penetrant Inspection as per QSI 038Or  
Issue P/O: 17609 LPI as per ASTM 1417  
Level 2 Attach copy of NDT results to work order

DAS  
16

126062

12-8-3

12-08-3

**Dart Aerospace Ltd**

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
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**NOTE:** Date & initial all entries

**Work Order ID 86986****\*86986\***

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Item Name: Crosstube Aft

Start Date: 7/6/2012 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 7/18/2012 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

190

0.00

**\*190\***

Packaging

Packaging

Memo

0.00

Packaging

\*\*\* WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE\*\*\*

Inspect for transit damage

Ensure copy of NDT results attached to work order.

*P12/4/3 (1)*

200

QC5- Inspect part completeness to step on W/O

0.00

**\*200\***

QC

Memo

0.00

Quality Control

\*\*\* WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE\*\*\*

Inspect for damage &amp; ensure results are as per Dwg D412-664-203

*(DAS 16 8-09 17/06/12)*

203

0.00

**\*203\***

HandFXtube

Memo

0.00

Hand Finishing Crosstubes

\*\*\* WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE\*\*\*

1- PRESSURE WASH AND THEN USE WASH'N WIPE TO CLEAN  
CROSSTUBE BEFORE CHEMICAL CONVERSION*AS 12-8-3*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries



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Friday, July 06, 2012 1:03:43 PM

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Item ID: D412-664-203

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**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Crosstube Aft

Start Date: 7/6/2012 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 7/18/2012 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

205

QC7-Inspect Chemical Conversion Coat

0.00

**\*205\***

QC

Memo

0.00

Quality Control

\*\*\* WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE\*\*\*

(DAS  
16  
8-59 17/06/12)

210

0.00

**\*210\***

SprayPaint

SprayPaint

Memo

0.00

Spray Painting

\*\*\* WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE\*\*\*

\*\*\*Mask underside of crosstube as shown\*\*\*

1-Prime inside and outside crosstube as per QSI 005 4.2

2-Paint outside crosstube with White Imron as per DEO D412-664-243 and QSI 005 4.2

PRIME: 121746  
Start Time: 1:15  
Finish Time: 2:00  
PAINT: 122562  
Start Time: 6:30  
Finish Time: 7:15

AS 12-8-7

**Dart Aerospace Ltd**

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_  
 Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
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**NOTE:** Date & initial all entries

**Work Order ID 86986****\*86986\***

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Friday, July 06, 2012 1:03:43 PM

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**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Crosstube Aft

Start Date: 7/6/2012 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 7/18/2012 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

220

QC14- Inspect Spray Paint

0.00

**\*220\***

QC

Memo

0.00

Quality Control

Then, Wrap in plastic bag to protect from scratches

DAS  
16  
8-53

12/06/12

230

Crosstubes

0.00

**\*230\***

Crosstubes

Memo

0.00

Crosstubes

Assemble as per Dwg D412-664-203

AS

12-8-26

★ INSTALL PER  
ATTACHED  
DEO INSTRUCTION

1- Install chafing shield as per DEO D412-664-243. Top holes should be facing up.

A/R Proseal 890 Batch: 122441  
EXP: 1/13

2- Lightly scuff the bonded area using a 320 grit sand paper and clean the area with 41058 wash 'n' wipe

3- Install support with Scotch-Weld DP460 and install clamps as per DEO Dwg D12-664-243 using installation jig DT9024. Torque clamps as per dwg

A/R Scotch-Weld DP460 Batch: 121368  
EXP: 13-4-13

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Work Order ID 86986

**\*86986\***

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Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Crosstube Aft

Start Date: 7/6/2012 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 7/18/2012 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
240	QC5- Inspect part completeness to step on W/O	0.00	- inspect to assembly						
<b>*240*</b>		0.00	to DFO D412-664-243-E-4						
QC	Memo								
Quality Control			DAS 16 12/08/27						
250	Pick Kit	0.00							
<b>*250*</b>		0.00							
Packaging	Memo								
Packaging									
260	QC4- 100% Inspect kits for completeness	0.00							
<b>*260*</b>		0.00							
QC	Memo								
Quality Control									

12/8/27 (1)

DAS 16 12/08/27

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

**Work Order ID 86986****\*86986\***

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Friday, July 06, 2012 1:03:43 PM

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**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

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Item Name: Crosstube Aft

Start Date: 7/6/2012 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 7/18/2012 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

270

0.00

**\*270\***

Packaging

Packaging

Memo

0.00

Identify and pack for shipping as per PPP D412-664-203  
\*\*\*\*\*Ensure tube is not packaged if curing time is less than 12 hrs, see step 27  
for application time & date \*\*\*\*\*  
Time & date of packaging: \_\_\_\_\_  
Location: \_\_\_\_\_

p 6/8/29sp

280

QC21- Final Inspection - Work Order Release

0.00

**\*280\***

QC

Memo

0.00

Quality Control

MLJ 12/08/29  
MLJ 12/08/29

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries



# Picklist Print

Page 1

Friday, July 06, 2012 1:04:13 PM

Work Order ID: 86986

\*86986\*

Parent Item: D412-664-203

\*D412-664-203\*

Parent Item Name: Crosstube Aft

Start Date: 7/6/2012

Required Date: 7/18/2012

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:E04.02.16Reformat; Added D3189-1K/DS  
 IPP Rev:F 06-03-29 Remove Coments on Pick List JLM  
 IPP Rev:G 06.12.08 per ECN 886 EC  
 IPP Rev:H 07-04-30 As per Rev D JLM  
 IPP Rev:I 08-06-12 add comment in seq. 21 DD verified by:EC IPP rev J  
 11.04.21 DEO D412-664-243-E-1 EC verified DD IPP REV:K  
 11.10.03 DEO D412-664-243-E-2 DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D412-664-203TRN		Manufactured	No			110	Each	4.0000	1	1		SAD 12-07-24	
*D412-664-203TRN*									**			<del>12-7-24</del>	
Crosstube Turning Detail													
				<u>Location</u>				<u>Loc Qty</u>					
				FG				1					
				85387				1					
				LG				3					
				83832				1					
				83835				1					
				85390				1					
D2896-1		Manufactured	No			230	Each	19.0000	1	1		12-8-26	
*D2896-1*									**				
Support													
				<u>Location</u>				<u>Loc Qty</u>					
				LG052				8					
				80586				8					
				LG053				11					
				74465				11					

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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\*86986\*

Parent Item: D412-664-203

\*D412-664-203\*

Parent Item Name: Crosstube Aft

Start Date: 7/6/2012

Required Date: 7/18/2012

Start Qty: 1.00

Required Qty: 1.00

D3189-1 Manufactured No

230 Each 22.0000 2 2

\*D3189-1\*

Chafing Shield

\*\*

12-8-26

Location

Loc Qty

Loc Code

FG

4

36065

4

LG053

18

83458

12

83972

6

D3595-063-570 Manufactured No

230 Each 147.0000 2 2

\*D3595-063-570\*

RUBBER CUSHION

\*\*

12-8-26

Location

Loc Qty

Loc Code

FG

8

37971

1

42243

7

LG

78

83294

78

MAT052

61

71534

1

76546

60

Friday, July 06, 2012 1:04:13 PM

Shop Packet Print

Page 2

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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Work Order ID: 86986

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Parent Item: D412-664-203

\*D412-664-203\*

Parent Item Name: Crosstube Aft

Start Date: 7/6/2012

Required Date: 7/18/2012

Start Qty: 1.00

Required Qty: 1.00

MS21920-28

Purchased

No

230

Each

92.0000

4

4

\*MS21920-28\*

Clamp(per MIL-DTL-8783C)

\*\*

12-8-26

Location

Loc Qty

Loc Code

FG

5

105884

5

LG050

29

116839

2

118713

4

120054

2

121067

21

LG051

58

121440

8

122204

50

MS21920-30

Purchased

No

230

Each

95.0000

2

2

\*MS21920-30\*

clamp(per MIL-DTL-8783C)

\*\*

12-8-26

Location

Loc Qty

Loc Code

LG

32

119529

32

LG051

63

111258

14

121583

49

AN6-40A

Purchased

No

250

Each

128.0000

4

4

\*AN6-40A\*

Bolt

\*\*

12/8/29

Location

Loc Qty

Loc Code

ST342

128

120187

66

120833

4

121584

8

121827

50

120187

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Picklist Print

Friday, July 06, 2012 1:04:13 PM

Work Order ID: 86986

\*86986\*

Parent Item: D412-664-203

\*D412-664-203\*

Parent Item Name: Crosstube Aft

Start Date: 7/6/2012

Required Date: 7/18/2012

Start Qty: 1.00

Required Qty: 1.00

AN6-41A

Purchased

No

250

Each

67.0000

2

2

\*AN6-41A\*

Bolt

\*\*

Location

Loc Qty

Loc Code

ST342

67

120423

37

121825

30

12-723

AN960JD616

NAS1149D0663J

Purchased

No

250

Each

0.0000

18

18

\*AN960JD616\*

Washer

\*\*

M122452

MS21042L6

Purchased

No

250

Each

497.0000

6

6

\*MS21042L6\*

Nut

\*\*

122441/C 12/29/12

Location

Loc Qty

Loc Code

ST300

497

117677

25

118384

3

118927

48

119075

221

120308

200

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

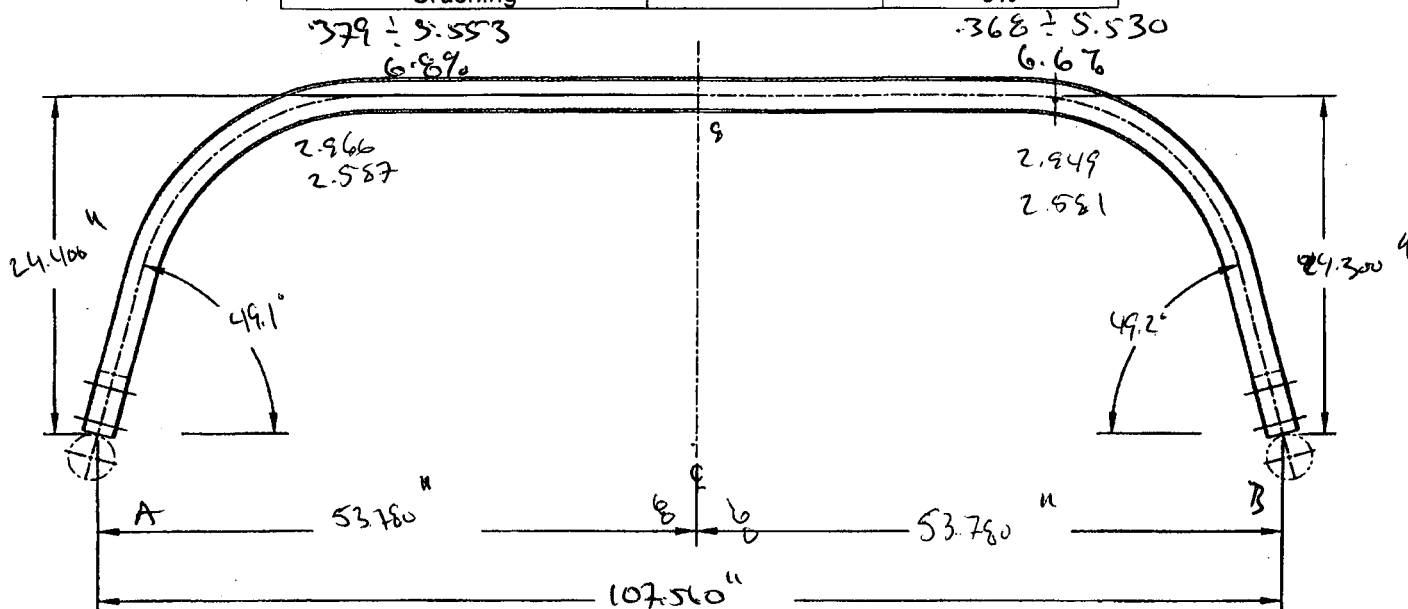
NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries



<b>DART AEROSPACE LTD</b>		<b>Work Order:</b>	86986
<b>Description:</b> Crosstube High Aft (412)		<b>Part Number:</b>	D412-664-203
<b>Inspection Dwg:</b> D412-664-243	<b>Rev:</b> E	<b>Page 1 of 1</b>	

Required Dimension	Min	Max
Height	24.24	24.50
1/2 Span	53.59	53.85
Angle	49	52
Total Span	107.18	107.70
Bending Passes	8	--
Crushing	--	6%



	Side A	Model	Side B
<b>Bending Passes</b>	8	6	8
<b>Crushing</b>	6.8%		6.6%
<b>Comments</b>			
Side A = 8 passes			
Model = 6 passes			
Side B = 8 passes			

<b>QC15 Inspection</b>	
<b>Date</b>	16/10/26

Rev	Date	Change	Revised by	Approved
A	07.02.06	New Issue	KJ/JM	
B	07.05.08	Dimensions updated per Dwg rev. D	KJ/JLM	
C	10.02.02	Dwg Rev updated	KJ	
D	12.04.16	Added bending, crushing dimensions	KJ	IP

**Dart Aerospace Ltd**

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

Item	Qty -243	Part Number	Description
1	X	D412-664-243	CROSSTUBE ASSEMBLY (412 HIGH AFT)
2	1	D6009-129	CROSSTUBE
3	2	D3595-063-570	RUBBER CUSHION
4	1	D2896-1	SUPPORT
5	2	D3189-1	CHAFING SHIELD
6	2	D2856-600-1009	ABRASION STRIP
7	4	MS21920-28	CLAMP
8	2	MS21920-30	CLAMP (OR MS21920-32)
9	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)

#### GENERAL NOTES:

- MATERIAL: MANUFACTURED FROM D6009-129  
FINISHED LENGTH = 124.100±0.020 (BEFORE BENDING/TRIMMING)
- FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
PAINT OUTSIDE PER DART QSI 005 4.2
- TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- UNITS: INCHES UNLESS OTHERWISE NOTED.
- BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- IDENTIFICATION: SCRIBE DART PART NUMBER "D412-664-243" AND BATCH NUMBER ON INSIDE OF CUFF USING VIBRATING STYLUS.
- WEIGHT: 47.0 lbs (PER IIN-D212-664)
- PART IS SYMMETRIC ABOUT CENTERLINE.
- RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY. TRANSITION SHOULD BE SMOOTH.
- BEND PROGRESSIVELY WITH A MINIMUM OF 8 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 6% BASED ON O.D.
- LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- INSTALL D2896-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2896-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- INSTALL MS21920-30 CLAMPS (OR -32) WITH D3595-063-570 RUBBER CUSHIONS TO SECURE THE D2896-1 SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE OF CROSSTUBE SUPPORT.
- INSTALL D2856-600-1009 ABRASION STRIPS WITH A 0.13 REF GAP ON BOTTOM SIDE OF CROSSTUBE PER QSI 035.
- EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 86986

② DEO ATTACHED  
**RELEASED**  
2009-10-29

E	REFORMAT/REVISE GENERAL NOTES; REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS; RELOCATED FLAG #6 PER PAR 08-046 (ZN A6-3); ADD TOLERANCE (ZN B6-3, C4-3, C8-3 & C5-3); MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4.	RF	09.09.30
D	REMOVE D2732-058, CHANGE TO D3595-063-570	PH	07.03.09
C	REMOVE D2856-600-1087, ADD D2732-058 & MAGNOBOND 6398, MS21920-32 WAS MS21920-30	MB	06.10.27
B	ADD HOLES FOR COMPATABILITY WITH BHT/AA SKIDTUBES	PH	05.02.04
A	NEW ISSUE	PH	01.10.17
REV.	DESCRIPTION	BY	DATE
DESIGN	PH	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	PH	DRAWING NO.	REV. E
MFG. APPR.	PH	D412-664-243	SHEET 1 OF 4
APPROVED	PH	TITLE	SCALE
DE APPR.	PH	CROSSTUBE ASSEMBLY (412 HI AFT)	NTS
DATE	09.09.30	COPYRIGHT © 2001 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

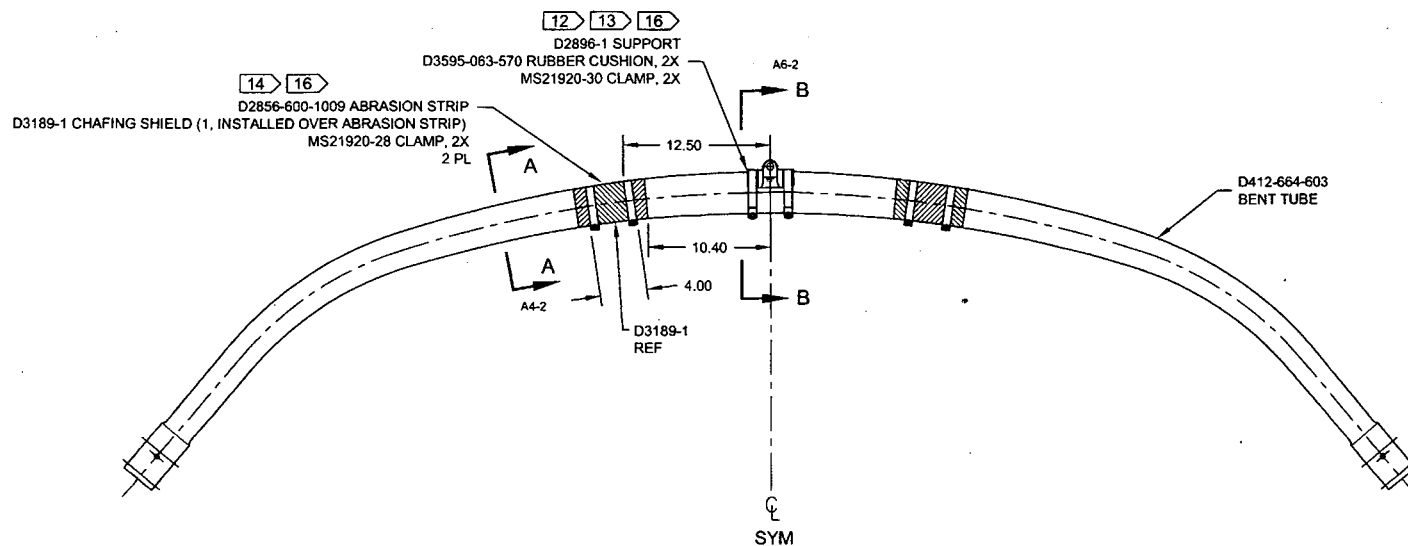
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

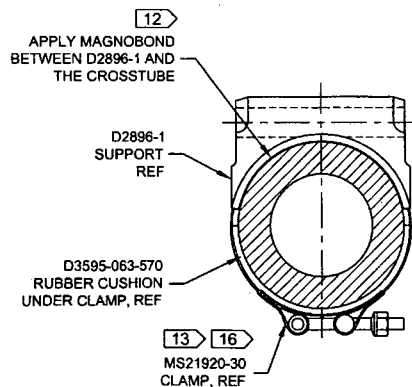
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NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

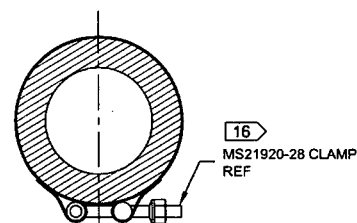
**NOTE:** Date & initial all entries



**D212-664-243**  
**ASSEMBLY DETAIL** E



**SECTION B-B** D4-2  
SCALE 4X



**SECTION A-A** C6-2  
SCALE 4X

86A86  
2 DEO ATTACHED

**RELEASED**  
2009-10-28  
NRP

DESIGN	PH	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	JP	DRAWING NO.	REV. E
MFG. APPR.	JS	D412-664-243	SHEET 2 OF 4
APPROVED	JP	TITLE	SCALE
DE APPR.	JP	CROSSTUBE ASSEMBLY (412 HI AFT)	NTS
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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

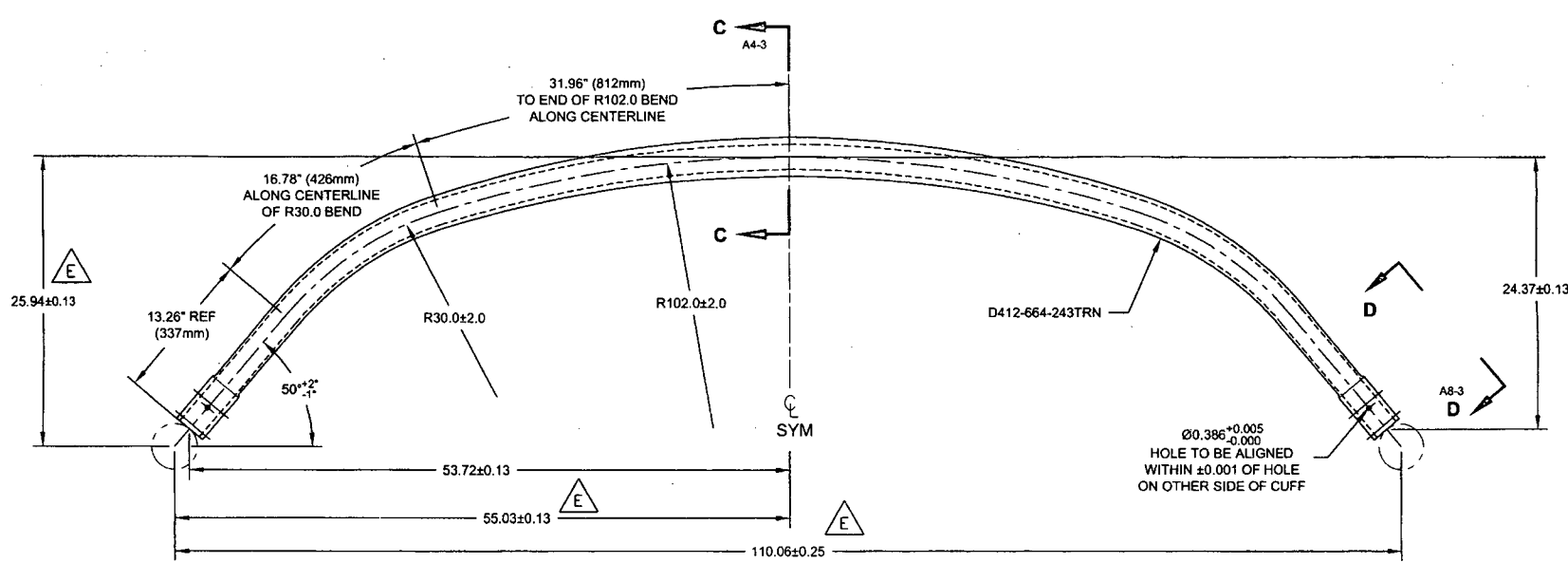
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Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

8 7 6 5 4 3 2 1

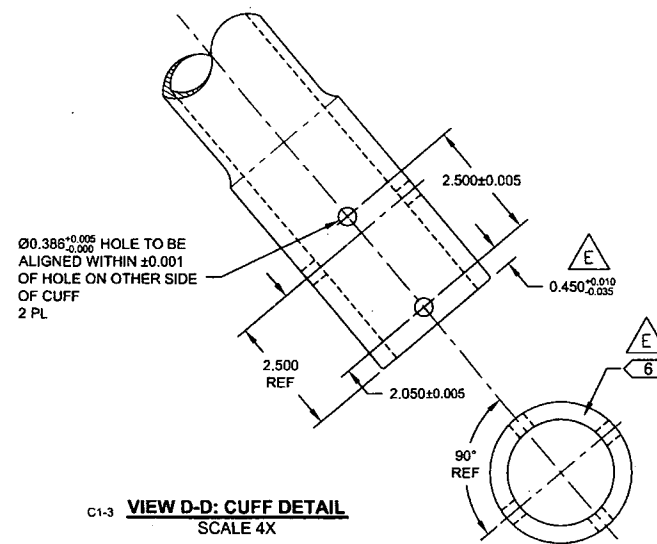


**D412-664-603** 10 E  
**BENDING AND DRILLING DETAIL**

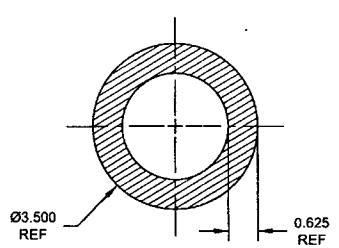
56986

② DEO ATTACHED

**RELEASED**  
 2009-10-29  
 MP



C1-3 **VIEW D-D: CUFF DETAIL**  
 SCALE 4X



**SECTION C-C** D5-3  
 SCALE 4X

DESIGN	PH	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	QF	DRAWING NO.	REV. E
MFG. APPR.	DS	D412-664-243	SHEET 3 OF 4
APPROVED	AP	TITLE	SCALE
DE APPR.	HT	CROSSTUBE ASSEMBLY (412 HI AFT)	NTS
DATE	09.09.30	<small>COPYRIGHT © 2004 BY DART AEROSPACE LTD                      THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

8 7 6 5 4 3 2 1

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries





W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

DRAWING.NO. D412-664-243	TITLE CROSSTUBE ASSEMBLY (412 HI AFT)	REV. E	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D412-664-243-E-1	SHEET NO. SHEET 1 OF 2	SCALE NTS
DRAWN	CHECKED	MFG. APPR.	APPROVED		DE APPR.		
DATE 11.03.31	DATE 11/03.31	DATE 11.03.31	DATE 11/03.31		DATE 11.03.31		

**PURPOSE:**

REMOVED ABRASION STRIP IN FAVOR OF A THIN LAYER OF PROSEAL 890.

**CHANGE:**

PARTS LIST IS AMENDED AS FOLLOWS:

**IS:**

Item	Qty -243	Part Number	Description
6	0	D2856-600-1009	ABRASION STRIP

**WAS:**

6	2	D2856-600-1009	ABRASION STRIP
---	---	----------------	----------------

NOTES 2 AND 14, SHEET 1 ARE AMENDED AS FOLLOWS:

**IS:**

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
MASK UNDERSIDE OF CROSSTUBE AS SHOWN (HATCHED AREA)  
PAINT OUTSIDE PER DART QSI 005 4.2  
AFTER PAINTING, APPLY CLEAR COAT ON HATCHED AREA
- 14) APPLY A THIN COAT OF PROSEAL 890 ON INSIDE CONCAVE SURFACE OF D3189-1  
CHAFING SHIELD AND LET CURE PER MANUFACTURER'S INSTRUCTIONS. INSTALL  
PROSEAL D3189-1 CHAFING SHIELD ONTO CROSSTUBE BY APPLYING A THIN COAT OF  
PROSEAL 890 ONTO CROSSTUBE. BE SURE TO ELIMINATE ANY AIR GAPS.

**WAS:**

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
PAINT OUTSIDE PER DART QSI 005 4.2
- 14) INSTALL D2856-600-1009 ABRASION STRIPS WITH A 0.13 REF GAP ON BOTTOM SIDE OF  
CROSSTUBE PER QSI 035.

86984  
RELEASED  
2011-04-07  
MDL

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

DRAWING NO. D412-664-243	TITLE CROSSTUBE ASSEMBLY (412 HI AFT)	REV. E	DART AEROSPACE LTD ENGINEERING ORDER	D.E.O. NO. D412-664-243-E-1	SHEET NO. SHEET 2 OF 2	SCALE NTS
DRAWN	CHECKED	MFG. APPR.	APPROVED	DE APPR.		
DATE 11.03.31	DATE 11.03.31	DATE 11.03.31	DATE 11.03.31	DATE 11.03.31		

**IS:**

D3189-1 CHAFING SHIELD (1, INSTALLED OVER PROSEAL 890)  
MS21920-28 CLAMP, 2X  
2 PL

D412-664-603  
BENT TUBE

2.00  
1.00

**WAS:**

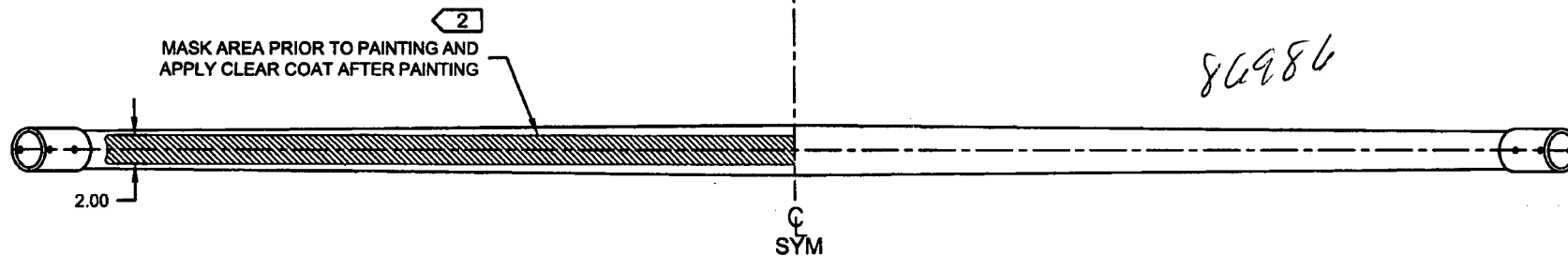
D2856-600-1009 ABRASION STRIP  
D3189-1 CHAFING SHIELD (1, INSTALLED OVER ABRASION STRIP)  
MS21920-28 CLAMP, 2X  
2 PL

D3189-1  
REF

**D412-664-243  
ASSEMBLY DETAIL**

**RELEASED**  
2011-04-07  
MD

86986



W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

DRAWING NO. D412-664-243	TITLE CROSSTUBE ASS'Y (412 HI AFT)	REV. E	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D412-664-243-E-2	SHEET NO. SHEET 1 OF 1	SCALE NTS
DRAWN <i>qp</i>	CHECKED <i>ASS</i>	MFG. APPR. <i>RE</i>	APPROVED <i>MM</i>		DE APPR. <i>#</i>		
DATE 11.09.07	DATE 11.09.19	DATE 11.09.19	DATE 11.09.19		DATE 11.09.19		

**PURPOSE:**

REPLACE MAGNOBOND WITH 3M DP460 SCOTCH-WELD EPOXY ADHESIVE

**CHANGE:**

IS:

Item	Qty -243	Part Number	Description
9	A/R	SCOTCH-WELD DP460	EPOXY ADHESIVE, 3M SCOTCH-WELD

WAS:

9	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)
---	-----	----------------	---------------------------------------------------------------------------------------------------------------

NOTE 12 & 16, SHEET 1 IS AMENDED AS FOLLOWS:

IS:

- 12) INSTALL D2896-1 CENTER SUPPORT USING A 0.04" TO 0.07" THICK LAYER OF SCOTCH-WELD DP460 PER QSI 015. LET CURE FOR 24 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 16) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING. **PRIOR TO PACKAGING, RE-CHECK TORQUE ON CLAMPS AFTER ADHESIVE HAS CURED FOR 24 HOURS.**

WAS:

- 12) INSTALL D2896-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2896-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 16) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

86986  
**RELEASED**  
2011-09-29  
*MM*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

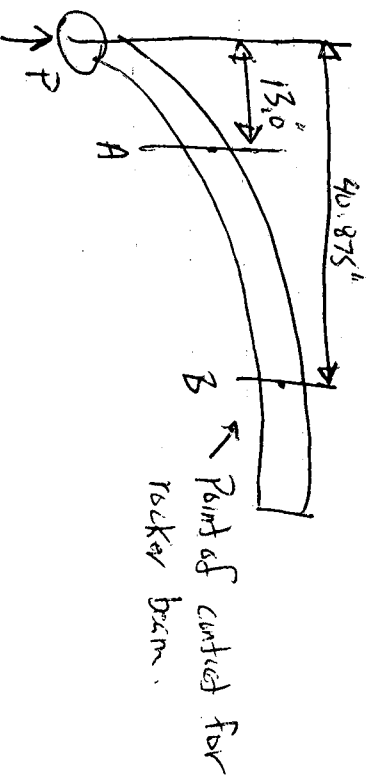
**NOTE:** Date & initial all entries



11.12.06

CRUSHING OF D41L-664-243

Acceptability of 8% CRUSHING AT END OF BEND



Point A:  $OD_1 = 2.961$ ,  $OD_2 = 2.522$

CRUSHING =  $(2.961 - 2.522) / (2.961 + 2.522) = 8\%$   
 $I = 1.676 \text{ in}^4$  (From AutoCAD)

Point B:  $OD_1 = 3.307$ ,  $I = 4.613 \text{ in}^4$

A:  $F = M_c / I = P \times 13 \times 2.961 / 2 \times 1.676 = 11.484 \cdot P$   
 B:  $= P \times 40.875 \times 3.307 / 2 \times 4.613 = 14.651 \cdot P$

M.S. =  $14.651 / 11.484 - 1 = 0.27$

• Tube will break at rocker beam contact before area of 8% crushing, 8% crushing in area at end of tube bend is acceptable

11.12.06



RAPPORT# P-12305

RAPPORT D'INSPECTION NON DESTRUCTIVE  
(SUITE)

PAGE 2 DE 2

CLIENT Dart Aerospace DATE August 3, 2012 HEURE ☒ AM ☐ PM  
ATTENTION Linda ACUREN W/O : 188-12-60305 7:30

RÉSULTATS ☐ MÉTRIQUE ☐ IMPÉRIALE

- 1) 3X D412-664-203 Crossstube Aft WO ID: B87295-B86985 (B86986)  
PT Done IAW ASTM E1417-05 Found accepted *Labels*
- 2) 1X D212-664-201 Crossstube Aft WO ID: B85563  
PT Done IAW ASTM E1417-05 Found accepted
- 3) 2X D206-667-103 Crossstube FWD WO ID: B88697-B88696  
PT Done IAW ASTM E1417-05 and Found accepted
- 4) 2X D407-667-105 Crossstube FWD WO ID: B85313-B85314  
PT Done IAW ASTM E1417-05 and Found accepted
- 5) 5X D3011-1 Rappel WO ID: 86212  
PT Done IAW ASTM E1417-05 and Found accepted

## Étendue des services

L'entente selon laquelle le Groupe Acuren Inc. Exécute les services ne concerne que les énoncés par écrit. En aucune circonstance ces services ne s'étendent au-delà de l'exécution des services demandés. Il est entendu que toutes les descriptions, les observations et les expressions d'opinions faites par Acuren reflètent les opinions ou les observations de l'entreprise fondées sur l'information et les hypothèses fournies par le propriétaire/opérateur, et elles ne constituent pas des déclarations ou des garanties ou ne peuvent être interprétées comme constituant. Le groupe Acuren Inc. N'assume aucune des responsabilités du propriétaire/opérateur, et le propriétaire/opérateur conserve la responsabilité entière des décisions prises en matière d'ingénierie, de fabrication, de réparation et d'usage à partir de l'information ou des données fournies par Acuren en rapport avec les services décrits dans les présentes ne peuvent excéder le coût des services rendus.

## Norme de Diligence

Dans l'exécution des services, le Groupe Acuren inc. Applique le degré de diligence, le soin et la compétence normalement exercés dans des circonstances semblables par d'autres fournisseurs de ce type de services opérant dans la même localité ou dans une localité similaire. Aucune autre garantie, implicite ou explicite, n'est faite ou voulue par le Groupe Acuren Inc.

## SIGNATURES

REPRÉSENTANT CLIENT	<u>Andy Sheldon</u>	FTJ#:
TECHNICIEN (SIGNATURE):	<u>Philippe Barre</u>	RAPPORT
NOM (MOULÉ):	<u>Philippe Barre</u>	RÉVISÉ PAR:
		NOM INITIALES
ONGC NIVEAU <u>2</u> SNT NIVEAU <u>2</u>	ONGC NIVEAU _____ SNT NIVEAU _____	
ONGC N° REGISTRATION <u>12027</u>	ONGC N° REGISTRATION _____	

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input checked="" type="checkbox"/> <i>THIS W/O ONLY</i>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data	12/8/13	100	1	KIT IS NOW CHG 009 WITH NEW CHAINING SHIELD	DAV 12-83 12/8/13	PAPERWORK / LABELS TO SA / CHG 009					
Equip/Tooling											
Operator											
Material											
Setup											
Other	12/8/13	100	1	PAPERWORK NEEDS COPY OF DSI 9629 Rev. A.	DAV 12-83 12/8/13	Add copy of DSI to <del>bluefile</del> paperwork (bluefile) OR SEND TO CUSTOMER AFTERWARDS					
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input checked="" type="checkbox"/> <i>THIS W/O ONLY</i>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>	12/8/23	230	1	INSTALL CHIPPING SHIELD MADE TO D3189 Rev. PC1. INSTALL PER ATTACHED PRELIM COPY OF DED D41L-669-243 -E-4.	DAS 12/8/23	OK to install & ship crosstube made to D3189 Rev. PC1. Change is minor and parts approved to D3189 Rev. B3 with accepted deviations  ANDY →	12-08-28	12/08/29	12/08/29

## FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

D412-664-243	CROSSTUBE ASSEMBLY (412 HI AFT)	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D412-664-243-E-4	SHEET NO. SHEET 1 OF 3	SCALE NTS
DRAWN 92	CHECKED 5	MFG. APPR.	APPROVED	DE APPR.		
DATE 12.08.21	DATE 12.08.21	DATE	DATE	DATE		

**PURPOSE:**

REMOVED ABRASION STRIP IN FAVOR OF A THIN LAYER OF PROSEAL 890. THIS ENGINEERING ORDER SUPERCEDES DEO D412-664-243-E-1

**CHANGE:**

PARTS LIST IS AMENDED AS FOLLOWS:

**IS:**

Item	Qty -243	Part Number	Description
6	0	D2856-600-1009	ABRASION STRIP

**WAS:**

6	2	D2856-600-1009	ABRASION STRIP
---	---	----------------	----------------

NOTES 2, 14, AND 16 ON SHEET 1 ARE AMENDED AS FOLLOWS:

**IS:**

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
MASK UNDERSIDE OF CROSSTUBE AS SHOWN (HATCHED AREA)  
PAINT OUTSIDE PER DART QSI 005 4.2  
AFTER PAINTING, APPLY CLEAR COAT ON HATCHED AREA
- 14) APPLY A THIN COAT OF PROSEAL 890 ON INSIDE CONCAVE SURFACE OF D3189-1 CHAFING SHIELD AND LET CURE PER MANUFACTURER'S INSTRUCTIONS. INSTALL PROSEALED D3189-1 CHAFING SHIELD ONTO CROSSTUBE BY APPLYING A THIN COAT OF PROSEAL 890 ONTO CROSSTUBE. BE SURE TO ELIMINATE ANY AIR GAPS.
- 16) TORQUE CLAMPS ON D2896-1 SUPPORT 80 TO 100 IN-LB. **TORQUE CLAMPS ON D3189-1 CHAFING SHIELD 40 TO 50 IN-LB.**  
ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

**WAS:**

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
PAINT OUTSIDE PER DART QSI 005 4.2
- 14) INSTALL D2856-600-1009 ABRASION STRIPS WITH A 0.13 REF GAP ON BOTTOM SIDE OF CROSSTUBE PER QSI 035.
- 16) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

**PRELIMINARY ISSUE**

92 12/4/21

DRAWING NO. D412-664-243	TITLE CROSSTUBE ASSEMBLY (412 HI AFT)	REV. E	DART AEROSPACE LTD ENGINEERING ORDER	D.E.O. NO. D412-664-243-E-4	SHEET NO. SHEET 2 OF 3	SCALE NTS
DRAWN 92	CHECKED	MFG. APPR.	APPROVED	DE APPR.		
DATE 12.08.21	DATE 12.08.21	DATE	DATE	DATE		

**IS:**

D3189-1 CHAFING SHIELD (1, INSTALLED OVER PROSEAL 890)  
MS21920-28 CLAMP, 2X  
2 PL

D412-664-603  
BENT TUBE

4.00  
CLAMP SPACING  
4.38  
CHAFING SHIELD, REF

2.00  
1.00

**WAS:**

D2856-600-1009 ABRASION STRIP  
D3189-1 CHAFING SHIELD (1, INSTALLED OVER ABRASION STRIP)  
MS21920-28 CLAMP, 2X  
2 PL

D3189-1  
REF

**D412-664-243  
ASSEMBLY DETAIL**

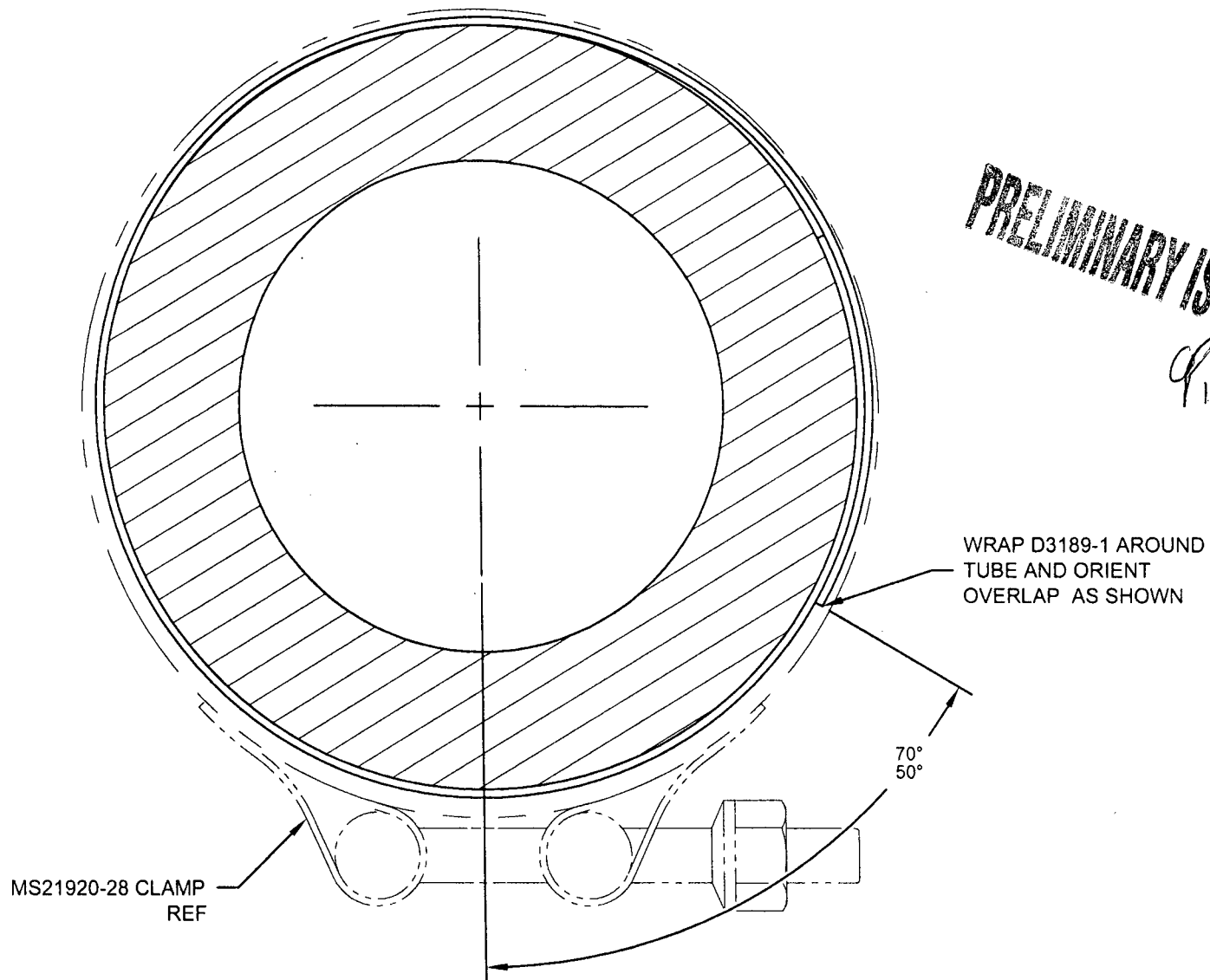
**PRELIMINARY ISSUE**  
9/2/23

MASK AREA PRIOR TO PAINTING AND  
APPLY CLEAR COAT AFTER PAINTING

2.00

Q  
SYM

DRAWING NO. D412-664-243	TITLE CROSSTUBE ASSEMBLY (412 HI AFT)	REV. E	<b>DART AEROSPACE LTD ENGINEERING ORDER</b>	D.E.O. NO. D412-664-243-E-4	SHEET NO. SHEET 3 OF 3	SCALE NTS
DRAWN <i>qj</i>	CHECKED <i>[Signature]</i>	MFG. APPR.	APPROVED	DE APPR.		
DATE 12.08.21	DATE <i>12.08.22</i>	DATE	DATE	DATE		



**PRELIMINARY ISSUE**

*qj 12/8/23*

**SECTION A-A**  
CHAFING SHIELD DETAIL  
VIEW ROTATED, NOT TO SCALE

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input checked="" type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%; border: none;"> <tr> <td style="width: 33%;">Skid-tube <input type="checkbox"/></td> <td style="width: 33%;">Crosstube <input type="checkbox"/></td> <td style="width: 33%;">Water Jet <input type="checkbox"/></td> <td style="width: 33%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>																								
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>																								
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>																								
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector																		
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>	12/1/23	230	1	REMOVE <del>KA</del> CHAFFING SHIELD INSTALLED PER 12/3/23 INSTRUCTION BECAUSE KA REQUIRES <del>KA</del> OVERLAP AT 60".	DQA 12/08/23 12/1/24	REMOVE AND ENSURE THERE IS NO DAMAGE TO TUBE/FINISH	12/08/28																				
<b>FAULT CATEGORY</b>																											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other																		



NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%; font-size: small;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>	12/8/29	230	1	INSTALL CHIPPING SHIELD MADE TO D3185 Rev. PC1 INSTALL PER ATTACHED PRELIM COPY OF D412-664-243-E-4 <del>DATA</del> SIGNED AND DATED 12/8/28	 12/8/28	OK TO INSTALL & SHIP CROSSTUBE MADE TO D3185 Rev. PC1. CHANGE IS MINOR and parts have been approved to D3185 Rev B with accepted deviation	 12:0828		
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

## FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Non-Conformance Report

Printed on: Wednesday, August 29, 2012

Details			
<b>Raised Date</b> 8/29/2012	<b>Status</b> Open	<b>Owner</b> Smith, Patrick Robert	<b>Number</b> NCR12-1760
<b>Target Date</b> 9/15/2012	<b>Standard</b>		<b>Severity</b> MINOR
<b>Source</b> Quality Inspection		<b>Audit</b>	
<b>Raised By Person</b> Downing, Eric	<b>Raised Against (Department or Supplier)</b> Engineering\Design		<b>Fault Category</b> General\Documentation\Data
<b>Details</b> after installing D3189-1 chafing shield's on work orders B88094, B88093, B86985, B86986 it was found that the installtion on the drawing is not matching what is called up on the ICA.			
<b>Product</b>			
<b>Document</b>		<b>Root Cause</b>	
<b>Closed By</b>	<b>Closed Date</b>	<b>Resolution</b>	

Corrective Action			
<b>Target Date</b> 9/15/2012	<b>Owner</b> Petsche, Mike	<b>Closed Date</b>	<b>Closed By</b>
<b>Details</b>			

Actions			
<b>Number</b>	<b>Owner</b>	<b>Target Date</b>	<b>Completed Date</b>
<b>Details</b>		<b>Response</b>	
1	Petsche, Mike	9/8/2012	
open a PAR to have the drawings match what is called up on the ICAPAR #_____			
2	Lacelle, Linda	8/31/2012	
rework all the D412-664-203 cross tubes in stock			

**Verification & Review**

<b>Target Date</b> 9/2/2012	<b>Owner</b>	<b>Closed Date</b>	<b>Closed By</b>
<b>Details</b>			

**Actions**

<b>Number</b>	<b>Owner</b>	<b>Target Date</b>	<b>Completed Date</b>
<b>Details</b>		<b>Response</b>	